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CLINICS.

CLINICAL LECTURES.

On Pulmonary Infarctions and Metastatic Abscesses in Diphtheria and in Croup. By M. BOUCHUT, Physician to the Hôpital des Enfants Malades.

For fifteen years the successive editions of my *Treatises on the Diseases of Children* have contained the description of the pulmonary lesions peculiar to diphtheria, and to croup; a subject which one cannot pay too much attention to in order to appreciate with exactness. These lesions offer very numerous varieties according to the stage of the disease, and if, as frequently happens, it is only seen in its *début*, it is very rare to observe its later consequences. I wish to speak of nodules of pulmonary

apoplexies or embolic infarctions of the lung, with their gray degeneration, and conversion into metastatic abscesses. From what I have carefully observed, and from very exact observations made in cases of diphtheria and croup, I am of opinion that death is frequently the result of lobular, embolic pneumonia, of disorganized apoplectic infarctions, and sometimes of abscesses consecutive to these infarctions. The following recent observation taken from my service is an example:—

Josephine B——, æt. three years, was brought to me on the 4th of May last, suffering from croup, in the third stage, characterized by anæsthesia. She had been eight days ill. Before her admission she had had several attacks of suffo-

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cation; her parents had made her vomit three times; she had always been a healthy child. Tracheotomy was at once performed. On the 5th, at my morning visit, I found the child in good spirits; there were no râles in the chest, the vesicular murmur having its normal fulness; no albumen in the urine, and no diarrhoea. She remained in the same state up to the 9th, when I found the child in an agitated condition. The wound had commenced to show signs of phagedena, and the discharges from the canula were fluid, without consistence, and of a dirty gray colour. The vesicular murmur appeared a little rough, but there was no râle, and no souffle. This state lasted two days. The wound assumed a healthy aspect, having been touched with a solution of carbolic acid (1 to 100). On the 12th, at the evening visit, I found the respiration very difficult, the vesicular murmur rougher at the left side and behind; the fever was very high; temp. $104^{\circ}.6$; resp. 80; pulse 160.

13th. No change in the stethoscopic signs.

14th. A marked improvement; the patient is free from fever, and breathes easily. Temp. $99^{\circ}.6$ F.; resp. 45; pulse 148. An attempt was made to remove the canula, but the child instantly showed signs of suffocation.

15th. Same state.

16th. More fever; has vomited her food. The wound has bled a little. Dulness posteriorly on the right side. In the evening, some additional sub-crepitant râles were heard on both sides. The left cheek is very red.

17th. The same state. In consequence of a slight paralysis of the soft palate, food returned through the nose.

18th. The general state is worse. A souffle is audible in the supra- and infra-spinous fossae of both sides, and numerous sub-crepitant râles at both bases. The face is cyanosed; the left cheek being still red. On the anterior aspect of the left leg, there is a small spot, caused by a subcutaneous infarction. Anorexia, and abundant diarrhoea for the first time; no albuminuria; pulse very frequent, 194, strong, bounding, but regular. This

grave state continued, and the child died on the 19th.

Autopsy.—Both lungs presented the same lesions, but more marked on the right than on the left side. On the right there was slight serous pleural effusion; the lower lobe was here and there covered with thick false membranes, of a dirty yellow colour, which united the lobes with each other, and formed some adhesions with the costal wall. The lung was heavy, hard, resistant, non-crepitant, marbled with black, and some gray spots surrounded by a red inflammatory zone. The black spots corresponded to some hard nodules placed superficially or deeply in the tissue, and the gray spots corresponded with some fluctuating parts. The black nodules were formed by apoplectic infiltration of the pulmonary tissue in the midst of a red, livid, congested, non-crepitant tissue, and they varied in size from that of a hemp-seed to that of a large pea. Some showed at their centre a grayish point of purulent infiltration. The gray, fluctuating spots formed cavities, which varied in size from a pea to a nut; and these cavities were filled with sanious pus, mixed with a cellular detritus of mortified pulmonary tissue, but without a gangrenous odour. Around these abscesses there was a red zone of pulmonary inflammation of some millimetres in extent. There was but one abscess in the lower lobe, and in the upper we found lobular pneumonia and apoplectic infarctions.

The left lung presented similar lesions. The pleura was covered with a grayish exudation, and the upper and lower lobes were riddled with apoplectic nodules. In the lower lobe, besides these nodules, were also five well-formed metastatic abscesses.

The trachea internally was very red, and presented a deep ulceration below the opening made during life, caused by the pressure of the canula.

The heart presented, on the left side, a very characteristic mitral and aortic endocardial vegetation, and in the cavities an old fibrinous, whitish thrombus; caseous in the ventricles and amber-coloured in the auricle. The border of the valve was red, thickened, projecting, and very granular,

and the sigmoid valves were thickened, and of a deep blackish-red colour. On the arch of the aorta were three red patches, in the midst of which were several whitish spots of atheroma. On the right side also was a thick red pad of endocardial tricuspid vegetation, and a very old ventricular thrombus.

The liver, which was very voluminous, had commenced to undergo the fatty degeneration. There was nothing abnormal in the kidneys and spleen. Under the integument, over the front of the tibia, were three subcutaneous hemorrhages the size of a cherry-stone.

This case does not present any particular bearing on the pathological history of croup. It has, however, an important interest as regards the pulmonary lesions caused by diphtheria. As it goes to confirm the doctrine which I have professed for the last fifteen years, and furnishes a proof of facts still little known by medical men, it has appeared to me useful to publish it.

According to the most usually adopted opinion, diphtheria is looked upon as a primary general disease, like smallpox, due to a primary alteration of the blood; and that there is also a diphtheritic poison, complicating the local lesions, which terminate frequently by lobular pneumonia.

From this case, as I have viewed it, diphtheria is, on the contrary, at first a local disease, complicated by absorption from the wound; and from this absorption springs the general infection, the endocardial vegetations, the endarteritis, the infarctions of the cellular tissue and of the lungs, which are frequently followed by pulmonary abscesses, if the patient lives long enough. Such are the facts and the lesions, but little known, which were observed in the foregoing case. The affirmation of a diphtheritic poison without its demonstration is a mere hypothesis; whilst, if we regard ulceration of the pharynx and of the tonsils with or without false membranes, as the point of departure, and look upon the endocarditis, the cardiac thrombosis, and all the lesions of purulent infection, as products of ab-

sorption, we avoid the realms of hypothesis and demonstrate what is in reality the case.

In fact, the lesions of diphtheria are those of septicæmia. We find albuminous nephritis, infarctions of the skin, spleen, and liver, acute leucocytosis, and, lastly, infarctions of the lung, which may go as far as the formation of the so-called metastatic abscesses. They do not differ from the lesions of septicæmia, and in general they have nothing particularly special to diphtheria. How has it happened that these lesions have passed unnoticed up to the present time, and that I have been the first to discover and explain them? Why are they yet so little known by physicians? It is because, in general, subjects are examined with a preconceived idea, and because believing that we know the truth we search no further. This is natural. Necessarily, when chance places some unusual lesion under one's eyes, the attention of the physician is awakened, and he is led to reflect on the nature and origin of that lesion. This it was which occurred to me. Educated in the belief that diphtheria was a primary disease of the blood, and that in croup death resulted from pneumonia, such was what I always saw. I accepted that opinion. But when I saw in this pneumonia particular anatomical characters, such as a lobular form; apoplectic nodules or sanguineous infarctions, the infarctions in a state of gray, fatty degeneration; sometimes metastatic abscess consecutive to these softened infarctions, at other times cutaneous and visceral infarctions, and lastly, endocardial vegetations and cardiac thrombosis, I saw that the doctrine was erroneous. In investigating the subject, with the aid of clinical observation, I perceived that the course of the symptoms in membranous sore-throat (*angine couenneuse*), and in croup, indicated that there was a local period in these diseases, without any general affection, a period in which the lesion was quite superficial: that subsequently general phenomena of septicæmia with phagedæna, albuminuria, diverse infarctions, and metastatic abscesses, presented themselves; just as

after an operation or after delivery, a traumatic or puerperal septicæmia manifests itself.

It is upon these observations, which can easily be verified by clinical physicians and pathological anatomists, that my doctrine of diphtheria is based; viz., that it is a disease at first local, which becomes, or does not become, general, according as the sub-diphtheritic exudation permits, or does not permit, of absorption. In this view it resembles malignant pustule, which may or may not become a charbon; or a syphilitic chancre, which remains local, and is cured without leaving any traces, or which is absorbed, becomes indurated, and produces constitutional syphilis.

It is upon this theory that is grafted the German one of capillary embolism. In that theory it is also presumed that diphtheria is at first a local disease, but that in the cases of absorption, capillary embolisms, which, entering the heart by the veins, pass into the lungs and the different parts of the body to form small infarctions and metastatic abscesses, occur in the portions affected, as I was the first to point out. The explanation is perhaps correct, but its exactness has yet to be demonstrated, and it is only a hypothesis. Notwithstanding every explanation, however, the fact remains certain, that diphtheria is a local disease which may become general.

The treatment of diphtheria follows very naturally from this doctrine. If the disease is met with at its *début*, it should be destroyed locally, and absorption prevented; to accomplish this it is necessary to cauterize all the diseased part, and not beyond. If we are called to a case too late, and that the diphtheria has passed beyond the tonsils and engaged the pharynx, it is better to abstain from all cauterization, as it cannot be performed effectually. Then, pharyngeal douches of coal-tar saponin¹ should be employed, which prevent the production of septicæmia. For the last ten years I have employed no other means at this hospital.

¹ Coal-tar saponin¹ of Lebeuf is composed of tar oil, 100 parts, and tincture of quillaya saponaria, the Chili soap bark tree, 240 parts.—Ed. I. H. G.

These douches are given by means of a hydrocele syringe every hour, day and night; the child opens his mouth and leans forward, with a basin under his chin, and the fluid, forcibly injected, issues without even entering the air passages. The following is the formula for the injection: R. Coal-tar saponin¹ of Lebeuf, ℥ij; water, ℥xv. This mode of administration acts more satisfactorily than injections of carbolized water which I have comparatively employed. With these measures I give, frequently, tartar emetic in contra-stimulating doses—gr. ss in ℥ij of some vehicle, in teaspoonfuls every hour—and as much nourishment as it is possible to make the patient take.

Feeding is really the best remedy in diphtheria. If a child does not eat he is lost; a little meat does no harm if it is possible to take it; thick soups—it does not matter of what kind—should be given, also bread and butter, milk, biscuits steeped in wine; and, for drinks, strong wine and water, *au sucrée* with brandy, etc. Wine is a powerful auxiliary in the cure.—*Irish Hospital Gazette*, September 15, 1874, from the *Gazette des Hôpitaux*, No. 63, 1874.

HOSPITAL NOTES AND GLEANINGS.

Acute Interstitial Inflammation of the Kidneys in Scarlet Fever, fatal on the tenth day.—Dr. JOSEPH COATES relates (*Brit. Med. Journ.*, Sept. 26) the following case. admitted into the Glasgow Royal Infirmary, which is of considerable importance on several grounds. In the first place, we have here an acute renal complication occurring in scarlet fever, not, however, at the usual date of the nephritis of scarlet fever, but in the course of the fever itself. Secondly, the kind of inflammation is not that usually met with in connection with scarlet fever; we have here a case of interstitial inflammation, whereas it is well known that the parenchymatous or tubal form is that commonly met with. It may be also worthy of remark, in the third place, that this is a case of acute interstitial nephritis, a form of disease whose existence has been doubted by some. In connection with the first of these points, I subjoin a brief his-

tory of the case, and an abstract of the *post-mortem* appearances.

Y. R., aged 20, was admitted into the fever wards of Glasgow Royal Infirmary, under Dr. McLaren, on September 30th, 1871. The patient stated that his illness began five days before admission, with loss of appetite, aching pains all over the body, headache, sore throat, difficulty of swallowing, and sickness without vomiting. A scarlet rash was observed by the patient on the second day of his illness; and, on admission, an abundant eruption was present on the trunk and limbs. The throat was slightly affected, but there was difficulty of swallowing. On the day of admission, the temperature was 101.8 deg. in the axilla. After admission, the patient was exceedingly restless, delirious at night, and only half conscious. The eruption is noted as still present on the abdomen on October 4th, and on that day the temperature was 103.4. He died on October 5th, or five days after admission, being the tenth day of the disease.

A *post-mortem* examination was made about twenty-seven hours after death. Both liver and spleen were considerably enlarged, the liver weighing close on five pounds, and the spleen twenty-one ounces. The mesenteric glands were also enlarged, and red on section, and there was redness of Peyer's patches and enlargement of the solitary follicles in the large intestine. Both kidneys were much enlarged, weighing together twenty-two ounces. They presented to the naked eye very much the appearances of the large white kidney, the cortical substance being very pale and much increased in thickness.

The microscopic characters in this case were quite unequivocal. The enlargement and paleness of the kidney were due to an infiltration of the cortical substance in almost every part by multitudinous round cells. These were packed in between the tubules, separating them, but not to any great extent destroying their epithelium. The cells were about the size of white blood-corpuscles, and had a plump full appearance. A thin transverse section shows the appearance described exceedingly well, especially where the epithelium has dropped out; and such is

the number of the round cells, that the section has a very close resemblance to one in my possession, taken from a leucæmic nodule in the kidney, there being a similar close infiltration of the interstices between the tubules. Of course there is the essential difference, that, in the present case, the condition is generally diffused throughout the cortex. The epithelium of the renal tubules was very little changed, perhaps slightly enlarged and granular. The section, it may be remarked, very closely resembles a wood-cut in Rindfleisch's *Pathological Histology* (New Sydenham Society translation, Fig. 159, vol. ii. p. 162).

We have here, therefore, an acute interstitial nephritis, generally diffused through both kidneys, occurring in a case of scarlet fever, which proved fatal on the tenth day. I am not aware that any similar case has hitherto been recorded, but, of itself, it certainly demonstrates the existence of an acute interstitial inflammation of the kidneys.

—
Case of Hemiopia, with Hemianæsthesia and Hemiplegia. (Under the care of HUGHINGS JACKSON, at the Hospital for the Epileptic and Paralyzed.)

It is now well known, thanks to Vulpian and Prevost, and to Humphry, Lockhart Clarke, Broadbent, Russell Reynolds, and others, that from a *grave* lesion (a large and sudden lesion) of the higher divisions of the motor tract (corpus striatum and optic thalamus) there results hemiplegia, in which there is not only paralysis of the face, arm, and leg, but also deviation of the two eyes and frequently of the head. The eyes, head, and face turn *from* the side paralyzed, because muscles of these parts on the side paralyzed can no longer balance those of the non-paralyzed side. The patient has lost power to *look* towards the side paralyzed.

It is interesting to observe that hemiopia occurs in some cases of hemiplegia, and these cases seem to be the "sensory analogues" of the above-mentioned cases in which the two eyes and the head are deviated. In the one (when the eyeballs are deviated) the patient is unable to *look* to the paralyzed side; in the other, when

there is hemiopia, he is unable to see to the paralyzed side. The lateral deviation, with rare exceptions, is a transitory symptom: the hemiopia, Dr. Hughlings Jackson has discovered in a few chronic cases of hemiplegia; possibly it is sometimes transitory. Of course, cases in which the hemiopia has come on at the same time as the hemiplegia—cases of a single lesion—are alone spoken of. When the two symptoms are found after a *sudden* seizure, as in the case to be narrated, we may assume that they are owing to a single local lesion.

Dr. Hughlings Jackson has had no autopsy on any case of this kind. But since he thinks hemiopia in cases of hemiplegia may be overlooked, especially when the lateral fields of vision are not blind but only obscured, it is permissible to draw attention to the clinical association. We should examine the field of vision in all cases of hemiplegia when the patient's condition permits. These examinations will be of very limited value unless we at the same time note the *kind* of hemiplegia. In the few cases of which Dr. Hughlings Jackson has notes there has been considerable defect of sensation in the paralyzed parts—face, arm, and leg. There has been hemianæsthesia as well as hemiplegia. It is true that in *many* cases of hemiplegia there is some defect of sensation *soon after the attack*, but it is rare to find great loss of sensation in a *chronic* case of hemiplegia; the cases of hemiplegia with hemiopia, above spoken of, were chronic. Another thing to be noted is the relative degree of loss of power, in which the several paralyzed parts suffer. In hemiplegia, the rule is that the arm suffers more than the leg; but in some, at any rate, of the cases of hemiplegia with hemiopia, the leg suffers more than the arm—or, rather, suffers more in proportion than is common.

Dr. Hughlings Jackson, having had no autopsy, refers to the tenth of Charcot's Lectures on Diseases of the Nervous System. From that Lecture we take the following: "In short, we may conclude, I think, from what has been said, that there is, in the cerebral hemispheres, a complex region, lesion of which determines hemianæsthesia. We know approx-

imatively the limits of this region; but, actually, the localization cannot be pushed further, and no one has the right to say whether, in the region indicated, it is the optic thalamus which is implicated rather than the 'capsule interne,' the centrum ovale, or the third nucleus of the corpus striatum." In *Le Progrès Médical*, Nov. 1, 1873, is a valuable paper by Bourneville entitled "De l'hémianesthésie liée à une lésion d'un hémisphère du cerveau."

Cases like the one to be now narrated have interest with regard to the elucidation of those remarkable cases of migraine, in which temporary hemiopia and temporary one-sided sensation disorder are symptoms.

Anæsthesia of the right halves of the two retinae and corresponding loss of sight in the left fields of vision; hemiplegia of the left side (of the side to which he sees imperfectly); very considerable defect of sensation of that side.—Thomas R., aged sixty-five, on November 24th, 1871, at 8 P. M., felt sick, and vomited in the back yard of his house. He then went up stairs, but after three steps he had suddenly to stop, fell against the railing of the stairs, and next became unconscious. He felt as if (with the left foot) he were treading on sponges. He was "unconscious" for two weeks, but whether deeply so all the time is uncertain. He talked in three weeks, but for six weeks he was too ill to be left night or day. We have evidence of a sudden seizure with loss of consciousness, evidence pointing to a "grave" lesion somewhere. The probability is, that that grave lesion is clot, but it is possibly softening from thrombosis of the *trunk* or of a *large branch* of a cerebral artery¹—a large branch, because the lesion must have been a very "grave" one.

There has been no albuminuria to support the diagnosis of clot. It is clear, at any rate, that there was a sudden and local lesion of the right side of the pa-

¹ The posterior cerebral artery has, according to Duret (*Archives de Physiologie*, Janvier, 1874, p. 81), ten branches, of which one is, in Duret's nomenclature, "Artère interne et postérieure de la couche optique," and another "artère moyenne des tubercles quadrijumeaux." Duret's researches are of great value both for the pathology and physiology of the brain.

tient's brain, and probably the disease is in the hinder part of the optic thalamus. The hemiplegia was discovered when the patient came round from the insensibility, but during the first fortnight it was observed that his left leg and thigh were "as cold as a stone."

March, 1873. — *Examination by Dr. HUGHLINGS JACKSON.*—Motor: There is now no paralysis of any part supplied by cranial (motor) nerves, except that there is a very trifling drawing of the face to the right. The eyeballs and the head move well, in extreme movements, in all directions. He can execute all large movements of the upper limb (shoulder on trunk and downwards), but they are all imperfect, feeble, and slow. The leg is more paralyzed than the arm; he can walk, however, a great distance. Sensory: There is great diminution of sensation of the left side of the body, face, trunk, and limbs. This does not follow the distribution of any nerve in particular. The whole of the left half of the head has less feeling than the right, the anaesthesia not being limited to those regions supplied by the fifth nerve. It is to be observed that the defect of sensation does not come quite up to the middle line of the trunk; there is about half an inch to the left of the middle line, in which the feeling, if not as good, is nearly as good as on the right. (Probably the sensory nerves of the two halves of the body interlace at the middle line. Herpes zoster occasionally passes the middle line slightly.) When severely pinched with the nails on the trunk or arm he has only an unpleasant sensation, and when he is pinched on the hand he feels it up the arm; "up the marrow of the bones" is his expression. He often drops things out of the left hand — *e. g.*, if he places his stick in it in order to open the garden gate with the right hand, the stick often falls out. He is a tailor. One day, when ironing, he brought the "nose" of the hot iron against his left hand, and yet had only an "unpleasant sensation," although he discovered later that the skin had been severely burnt; the skin was "pushed up" he said. He accounted for this mishap by saying that he could not see to the left.

The left leg feels to him cold, and he has, since his illness, slept with one "leg" of a pair of drawers on it. I have, at the hospital, a series of balls of the same size and appearance, but varying in weight irregularly from one of which the inside is lead to one of covered cork. He readily arranged these balls with his non-paralyzed arm, but though he can lift each with the partially paralyzed arm, he does not, so he says, know any difference by weight betwixt them. Dr. Tibbits assisted me in investigating the condition of electric sensibility of muscle, but we could arrive at no trustworthy conclusion.

He is a snuff-taker, but has ceased to take snuff up the *left* nostril, as "it is of no use," he does not feel it on that side. Snuff, of course, is an irritant, and is appreciated by common sensation, but his snuff-taking is important, as possibly the habit may have blunted the sense of smell proper. It is only possible to say, from my examinations, that I think his sense of smell proper is diminished. There is, as stated, hemiopia, and this is on the left (*i. e.*, the left fields, the right halves of the two retinæ being affected). This defect of vision he found out when he came round from the insensibility. He occasionally sees only part of a word. He one day saw "land," the real word being "Midland." He remarked to his son that "Liver" was a "queer name," but his son pointed out to him that it was "Oliver." These words were in capitals on carts in the street. I could not come to any conclusion as to taste; if affected on the left side it must be so only slightly. He is said to have been deaf of the right ear thirty-five years, and as to the left, it can only be said that his wife is sure that he does not hear so well as before the illness. He seems to me to hear well on both sides.

1874.—His condition seems to be still practically the same. He has had what was probably a slight paralytic attack early this year, but no clear account of it was obtainable. It left no obvious permanent effects.—*Lancet*, August 20, 1874.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Bromide of Potassium in Malarial Fever.

By HENRY J. HILLIARD, M.D., of Scottsville, Harrison County, Texas.—I wish to call the attention of the profession to the beneficial effects of the bromide of potassium in malarial fever. I do not think that it is an antidote to the malarial poison, as are cinchona and its salts, but that it is a great auxiliary. For the past two years I have very successfully used it, both in the intermittent and remittent forms. In the majority of cases of malarial fever the nervous phenomena are quite prominent, more especially in children, whose nervous system is so susceptible of derangement. The bromide of potassium, conjoined with the local application of cold water or ice to the head, acts very beneficially in such cases by relieving the delirium and restlessness. I generally give adults, during the stage of exacerbation, the following: *R. Potassii bromid. ʒj; spiritus nitre dulc. gtt. xv; aquæ puræ, ʒss*; repeat every two hours, till the period of defervescence, when quinia should be freely given; at the same time continue the bromide at longer intervals during the remission. A short time after the first dose is given, the patient generally becomes quiet, perspiration commences, and the mouth becomes moist. Cinchonism seems to be much more easily produced, absorption taking place more readily. It has greater effect over infantile convulsion during malarial fever, than anything I have ever used. Should the case be urgent, it is well to combine a full sedative dose of quinia with the first dose of the bromide, even in the stage of pyrexia; quinia being the antidote to the poison. Children seem to tolerate the use of the bromide very well. Give to a child three or four years of age the following: *R. Potassii bromid. ʒj; spts. nitre dulc. gtt. v; aquæ puræ, ʒss*; repeat every half hour or hour, according to the frequency of the convulsions. As before said, quinia should be given in sufficient doses to produce cinchonism as early as possible; the bromide having its greatest effect in con-

trolling the nervous phenomena. Should the taste be objectionable, add some pleasant syrup.

Immense Dose of Morphia taken; Recovery.—Dr. George Wood, of Faribault, Minn., records (*Canada Med. and Surg. Journ.*, October, 1874) a case of a woman who swallowed at a quarter before eleven P.M., forty grains of sulphate of morphia mixed with an ounce of laudanum, and a little cold water, with suicidal intent. Her deep snoring excited the attention of a servant, and Dr. Wood was sent for at half-past eleven o'clock, three-quarters of an hour after the opiate was taken. He found the patient with stupor, quite motionless; pupils contracted almost to a pin's point; breathing laboured; pulse slow and full; skin covered with clammy perspiration. He at once gave her an emetic of pulv. ipecac., oz. ʒs, in combination with extr. stramon. fld. min. xv. Emesis at once took place, and then thoroughly drenched the stomach with enormous quantities of warm water, and gave brandy and coffee very liberally. In addition, the extremities were diligently rubbed, and the patient obliged to make forced marches of several hours' duration round the room. His efforts were happily successful, and the patient is now thoroughly well.

Early Maternity.—Dr. E. A. GOODRIDGE records (*Medical Record*, Oct. 15th, 1874) a case of a coloured girl who was delivered of a female infant when she had arrived at the age of 12 years 8 months and 25 days. She had commenced menstruating soon after her eleventh birthday. Cases of earlier maternity have been recorded.

American Public Health Association.—This Association will convene at Philadelphia, Tuesday, November 10, 1874, in accordance with the adjournment of the annual meeting. The following order of business has been adopted by the Executive Committee.

The meetings will be held at the College of Physicians, corner of Locust and 13th Streets, Philadelphia.

ORDER OF BUSINESS.

Tuesday noon, November 10.

1. Registration of members and others in attendance.
 2. Introductory Remarks by the President of the Association.
 3. A Paper on Excessive Infant Mortality in Cities, and the means of its Prevention. By Prof. HENRY HARTSHORN, M.D., of Philadelphia, Pa.
 4. A Paper upon the Influence of Hereditary Diseases upon the Health of the People, with Suggestions of Methods of Prevention. By J. R. BLACK, M.D., of Ohio.
 5. The Health of Tenement Populations, and the Sanitary Wants of their Dwellings. By EDWARD H. JAMES, M.D., of New York.
 6. A Report upon the Death-rate in Towns of Michigan; and comparison of these with Dr. FARR's *Life Tables of Health Districts of England*. By H. B. BAKER, M.D., Secretary State Board of Health of Michigan.
 7. A Report upon Hospital Construction. By J. S. BILLINGS, M.D., Assistant Surgeon, U. S. Army.
 8. A Paper upon Hospital Architecture and the Perfect Ventilation of Hospital Wards. By CARL PFEIFFER, F.A.I.A., of New York.
 9. Conference of Sanitary Officers and others upon Methods and Experience in the Public Health Service.
- Closing at 6 P. M.

Discourses: Tuesday Evening.

First Discourse, by Rev. SAMUEL OSGOOD, D.D.: *The Relations of Health and the Higher Culture.*

Second Discourse, by Hon. L. H. STEINER, M.D., of Maryland: *Health a Prerequisite of National Success in Peace and in War.*

Third Discourse: *The Sanitary Relations of Hospitals, and the Economy of Perfect Care of the Sick and Hurt.*

Wednesday, November 11.

1. 9 A. M. Business Meeting and Reception of Voluntary Papers, etc.

2. A Paper upon the Ground in relation to Diseases. By EDWIN M. HUNT, M.D., President of the Sanitary Commission of New Jersey.
3. A Report upon the Deterioration of Vegetables and Fruits, as connected with their Gathering, Transportation, Storage, and Marketing. By S. C. BUSEY, M.D., Washington, D. C.
4. A Report upon the Sanitary Government, Vital Statistics, and the Methods of public Health Administration in the Cities and Large Towns of North America. By E. HARRIS, M.D., of New York.
5. A Paper upon the question—Does Smallpox become Epidemic, or is it spread solely by its own contagious property? By EDWIN SNOW, M.D., Superintendent of Health, Providence, Rhode Island.
6. A Report upon Yellow Fever on the Dry Tortugas. By HARVEY E. BROWN, M.D., Surgeon, U. S. Army.
7. 2 P. M. A Discourse by S. D. GROSS, M.D., LL.D., D.C.L. Oxon., upon *The Factors of Disease and Death after Injuries, Parturition, and Surgical Operations.*
- 4 P. M. A Conference upon Laws and Methods of the Public Health Service of the different cities and States. By Officers and Members of Boards of Health.

Discourses: Wednesday Evening.

First Discourse: By Prof. CHARLES F. CHANDLER, M.D., LL.D.: *Practical Applications of Chemistry in the Public Health Service.*

Second Discourse: By Prof. EDWARD ORTON, President of the Ohio Agricultural College: *Certain Relations of Geology to the Water Supplies of the Country.*

Third Discourse: By Gen. E. L. VIELLE, Civil Engineer: *Principles and Practice in Drainage and Sewerage, in connection with Water Supplies.*

Thursday, November 12.

- 9 A. M. Business meeting and Election of Officers and Committees.
1. State Medicine the Basis for the Elevation of the Standard of Medical Education. By STEPHEN SMITH, M.D., of New York.

2. A Paper on Syphilitic Contamination Dyscrasia, with reference to Public Health Interests. By FREDERICK R. STURGIS, M.D., of New York.
3. A Paper upon Sanitary Relations of Pharmacy and Materia Medica. By J. M. MAISON, Secretary American Pharmaceutical Association.
4. A Paper upon "Hay Fever;" Original Researches with reference to Causation and Prevention. By GEO. M. BEARD, M.D., of New York.
5. A Report upon the Sanitary Status of Colorado. By W. R. WHITEHEAD, M.D., of Denver, Colorado.
6. A Paper by Hon. LORIN BLODGET, of Washington, D. C.
7. Voluntary Reports and Papers.

4 P. M. Sanitary Conference upon Laws, Methods, and Experience in Public Health Service.

Discourses: Thursday Evening.

First Discourse: By Hon. DORMAN B. EATON, of Washington: *Health Laws and the Interests and Obligations of the State National Governments pertaining thereto.*

Second Discourse: *The Duty and Resources of the National Government in the Encouragement of Public Health Measures and Sanitary Science.*

The foregoing schedule is based upon the offerings which are already promised. Various other contributions are expected.

Voluntary papers and reports, and a preparation of members or other promoters of sanitary science and improvement to join in deliberations upon questions indicated in this schedule, will conduce to the leading object of the meeting; and such co-operation is cordially invited. Opportunity will be offered each day of the session for such voluntary contributions, and for a participation in some portion of the afternoon meetings.

Executive Committee.—President, Stephen Smith, M.D., New York; *First Vice-President*, Edwin M. Snow, M.D., Rhode Island; *Second Vice-President*, C. B. White, M.D., Louisiana; *Secretary*, Elisha Harris, M.D., New York; *Treasurer*, John H. Rauch, M.D., Illinois; S. O. Vanderpool, M.D., N. Y.; Edward Jarvis, M.D. Mass.; J. M. Toner, M.D., D. C.; Mo-

reau Morris, M.D., N. Y.; J. J. Woodward, M.D., U. S. A.; A. N. Bell, M.D., N. Y.

University of Pennsylvania.—The general introductory to the 109th annual course of lectures was delivered before a large audience by Dr. ALFRED STILLÉ, in the new medical hall just erected on the University grounds, at the corner of Thirty-sixth and Locust Streets, West Philadelphia, and adjoining the University Hospital.

The new hall is spacious, light, and airy, and in its numerous rooms and laboratories affords complete facilities for teaching medicine according to the most approved methods.

The Gynecological Hospital.—This recent addition to the numerous charities of Philadelphia has been established at No. 1624 Poplar Street, for the gratuitous treatment of the diseases peculiar to women. An infirmary for children has been connected with it, in order to afford to mothers the comfort of knowing that their sick children may be cared for at the same place.

John J. Reese, M.D., Jos. A. McFarran, M.D., and Theodore H. Seyfert, M.D., constitute the Medical Board.

State Hospital for the Insane at Warren, Pennsylvania.—The corner-stone of this Hospital was laid on the 10th of September last. The commission have selected an excellent site. The grounds comprise 200 acres, which were purchased for the moderate sum of \$17,000.

Curious Literary Coincidence.—Dr. MIDDLETON MICHEL, Prof. Physiology in the Medical College of the State of South Carolina, calls our attention to the following example of this: In the *Half-Yearly Abstract* (July-Dec. 1873) there is a notice of a paper by Prof. [M.] Michel, of Nancy, published in the *Gazette Hebdomadaire*, No. 35, 1873, on the Linear Extraction of Cataract. Prof. Middleton Michel, of Charleston, read a paper on the same subject before the South Carolina Medical Association in April, 1871, and which

was published in their *Transactions* for that year. Here, then, are two papers on the same subject by authors of the same name, both Professors, and the conclusions of both similar. The Charleston Professor's paper was, however, published two years before that of his confrère of the same name.

Archives of Dermatology.—We have on our table the first number (for October, 1874) of this quarterly journal of Skin and Venereal Diseases, edited by L. DUNCAN BULKLEY, M.D. We are pleased to say that it is well filled with interesting articles, and its typographical appearance is excellent. We wish it the success we are sure it will merit.

Mr. Erichsen.—MR. JOHN ERIC ERICHSEN, the distinguished London surgeon, and author of the *Science and Art of Surgery*, has just paid a short visit to this country, and during the past month visited the principal northern cities of the Union.

Promotion.—DR. EDWARD WARREN, formerly Professor of Surgery in the College of Physicians and Surgeons of Baltimore, and who has been for about two years in the service of the Khedive of Egypt, has been promoted to the position of Chief Surgeon of the Egyptian army.

OBITUARY RECORD.—Died after a brief illness, on the 28d of July last, in the 66th year of his age, Dr. FRANCIS STRIBLING, Superintendent of the Western Lunatic Asylum of Virginia—a position he occupied for thirty-four years, with credit to himself and advantage to the institution.

FOREIGN INTELLIGENCE.

Secondary Traumatic Neuralgia.—At one of the meetings of the Medical Section of the French Association, recently held at Lille, M. Verneuil drew attention to a complication sometimes met with in wounds, which, without being very serious in its nature, yet is the cause of much suffering to the patient and capable of delaying the

process of healing. It consists in more or less severe pains felt in the wound itself and its vicinity, sometimes extending to a great distance, coming on a few days after the injury, and assuming an intermittent neuralgic character. They resist antiphlogistic and narcotic treatment, and yield readily to quinia. The pains usually come on suddenly without obvious cause, and once developed they may become continuous or remittent, but usually take on the form of quotidian intermittent. Concurrently with these, there may be sometimes observed contractions or a kind of powerlessness of the muscles, generally confined to the segments which are nearest the wound; as also vascular disturbances, which seem closely connected with the existence of the local pain, and which sometimes lead to the production of secondary hemorrhage. The surface of the wound sometimes retains its normal character, sometimes presents a diphtheroid aspect, and at others is the seat of phlegmonous inflammation. These changes are dependent on the neuralgia, as they very rapidly yield after the administration of the quinia. The details of the cases observed throw no light on the pathological character of any local changes that may have taken place, but they show that the production of this neuralgia is in intimate connection with the prior state of health and diathesis and moral conditions of those who become subject to it. The appreciation of these readily leads to its diagnosis and successful treatment.—*Med. Times and Gaz.*, October 3, 1874.

Successful Treatment of a Case of Traumatic Tetanus by Chloral Hydrate and Bromide of Potassium.—DR. J. CARRUTHERS relates (*Lancet*, Sept. 26, 1874) a case of this, in a boy æt. 14. The tetanic spasms came on on the 26th April. Ten grains of chloral hydrate with twenty grains of bromide of potassium in syrup and water, were given every three hours, and on the next day, every two hours. The most marked amelioration of the symptoms was manifested on the third day after taking the chloral and bromide. The patient took 1140 grains of chloral in sixteen days, with the result of the spasms leaving

him in eighteen days from the date of the seizure. The peculiar action of the medicine showed itself in various ways. All kinds of delusions ensued.

Pathology of Jaundice.—*Le Progrès Médical*, reporting the proceedings of the Biological Society of Paris (July 14, 1874), gives the following abstract of M. Raymond's paper. M. Raymond stated that he had observed an interesting fact throwing light on the pathology of jaundice, in two phthisical patients under the charge of M. Vulpian. In his pathological course, M. Vulpian, wishing to elucidate the various methods in which jaundice originates by means of experiments, remarked that, next to obstruction by biliary calculi, the most common form of jaundice is that produced by swelling of the mucous membrane of the biliary passages, the so-called catarrhal jaundice; also that Broussais believed in an extension of the inflammatory process, in what he called gastro-duodenitis. However, his theory was not popular, and it became the fashion to attribute the jaundice to hepatic congestion; but Virchow confirmed Broussais, showing that the obstruction in these cases was caused by a plug of mucus very near the duodenal opening of the common bile-duct. M. Vulpian added, "I have twice seen this in men, and have very often verified it in the dogs on which I experiment." This propagation of duodenitis to the biliary passages is very common in dogs, and it often happens that a number of symptoms are set up, like those collectively known under the name of black or malignant jaundice (*ictère grave*); the dog dies with hemorrhage and ataxo-adyamic symptoms.—*Lond. Med. Record*, Sept. 50, 1874.

Severe Nervous Symptoms from Ascarides.—Dr. J. Lockhart Clarke reports (*British Med. Journ.*, Sept. 19, 1874) the following instructive case. A widow lady, aged thirty-four, had been suffering some months from nervous symptoms of a very distressing character. She was frequently affected for a variable period with complete hemiopia, and sometimes she saw

what appeared to be thousands of glittering bits of broken glass before her eyes. The right orbicularis palpebrarum was constantly thrown into such rapid and violent spasm, that she was quite unable to keep the eye open. On further inquiry, it was found that she was very much teased by an abundance of ascarides and by distressing pruritis. In other respects, she seemed to be tolerably well. She was ordered four grains of calomel at night, and an enema of turpentine in gruel in the morning. A large mass of ascarides was brought away; and this was followed by speedy relief of all her symptoms. These, however, returned after a few months, but were again removed by the same treatment.

Phosphoric Acid in Urine in Cases of Diseases of the Encephalon.—Dr. E. MENDEL has made a series of experiments on the above (*Archiv für Psychiatrie*), and has arrived at the following results: The quantity of phosphoric acid excreted by the kidneys under the influence of brain disease, and compared proportionally to the other solid principles of urine, varies considerably, from 2.49 to 8.93 per cent. The substance is excreted in greater quantity at night than during the day. In the chronic maladies of the encephalon there is a decrease in the absolute quantity of phosphoric acid excreted every day, as well as of the relative quantity in connection with the other solid principles of urine. In cases of maniacal excitement there is an increase in the absolute and relative quantity of the substance. Increase in the quantity is also observed during attacks of epilepsy and apoplexy, and after the administration of chloral and bromide of potassium. The decrease of the substance in chronic cases of brain disease must be attributed generally to diminution of muscular activity, dependent on the protracted course of the disease. In other cases it may be ascribed to the general weakness and exhaustion of the nervous system, the result of imperfect assimilation.—*Lancet*, Sept. 26, 1874.

Stammering.—The treatment of this defect is now carried on with much success

in France by M. Chervin. His method has been the subject of a favourable report to the Academy of Medicine, in which we find a sketch of the system. The training begins by a respiratory practice, in which the patient learns to steady his voice whilst regulating the respiratory rhythm. Then follows the practice of vowels, which, in fact, constitutes the gymnastics of articular phonation. Lastly comes the demonstration of the functions which the tongue and lips have to perform, and of the shape which the mouth should assume in the pronunciation of each letter of the alphabet. This concludes the initiatory practice. Afterwards we have the combination of letters, vowels, and consonants in the different and respective positions which they may occupy; and, finally, words and periods, with the intonation and expression which they require. The whole consists in gymnastically educating the organs of speech, the excellent results being due not so much to actual muscular work as to the precision with which the practice is carried out. The success depends on an effort of the will on the part of the patient to reproduce with the utmost precision a particular movement. The will of the teacher must take the place of the patient's will, as the latter is unable to regulate the movements dictated by it.

M. Chervin justly remarks that stammering is a kind of chorea of the muscles of respiration and phonation. To remedy this he advises slow and measured gymnastic exercises of respiration, this being the first part of the treatment. It is shown above that he combats the unruly movements of the tongue and lips by subjecting these organs to muscular exercise. This method seems thus perfectly rational, and the government have been advised by the Academy of Medicine to give M. Chervin pecuniary support.—*Lancet*, Sept. 26, 1874.

Sanitary Precautions in the Drainage of Houses.—There are, we may say, four general laws concerning the drainage of houses, etc., which are never transgressed without a corresponding infliction of evil, and as they are so few in number it will be as well to enumerate them previous to

enlarging upon each. They are as follows:—

I. Whatever pattern of drain-pipes be chosen, they should be properly laid, and in such a manner as to remove the waste with all possible speed to the sewer or cesspool. The drain-pipes too, should, as much as possible, run outside the house, and should not extend their ramifications inside, as is often the case.

II. Proper means should be taken to disconnect the house-drain from the sewer or cesspool, and when necessary deodorization or disinfection—which should be convertible terms—should be resorted to.

III. Only the most suitable kinds of drains should be used, and pipe-drains in preference to built-up drains.

IV. Trapping should, as much as possible, be rendered unnecessary.—*Sanitary Record*, Sept. 19, 1874.

Fruit Kernels Poisonous.—The following case, which is reported in the *Australian Medical Journal*, calls attention to a source of danger which is often overlooked, viz., that the kernels of some stone-fruits (peaches, perhaps, more than any others) contain the material for the formation of hydrocyanic acid to a great extent, and may, if eaten in any quantity, produce very serious effects. The case is reported by Dr. W. R. G. Samuels, of Wanganui, New Zealand. He says:—

"I was sent for to attend a little boy aged five years, the son of a carpenter of this town. On my way I was informed that the little fellow had eaten something unknown to his parents, and was believed to have been poisoned. On my arrival, I found him lying on the sofa in a state of partial coma. The pupils were dilated, the skin somewhat cold and clammy, the pulse feeble. He seemed, in short, to be suffering from the effects of some narcotic poison. Upon making inquiries, I was informed that, about half an hour previous to my arrival, he had been seized with dizziness, stupor, fainting, inability to stand without assistance; in fact, it was described to me as partial intoxication. He vomited one ounce or more of masticated peach-kernels. I at once ad-

ministered an emetic, followed shortly by a full dose of castor oil, which soon acted on the bowels. I ordered him to be kept warm. After being placed in bed, he slept for about two hours, after which he awoke and seemed recovered. This was obviously a case of poisoning by hydrocyanic acid contained in the peach-kernels, of which the child had eaten a large quantity."—*British Med. Journ.*, Sept. 19, 1874.

The University of Vienna.—In the academical year just ended, the total number of students in the University of Vienna was 7526. The numbers in the Faculty of Law were the largest, being 1619 in the winter, and 1571 in the summer; next came the Faculty of Medicine, with 1109 in the winter, and 1036 in the summer. In the winter there were 891 students of Philosophy and Pharmacy, and 822 in the summer; and the Theological Faculty numbered 194 in the winter and 184 in the summer session. There were 194 new students of medicine, and 228 left the University. At the examinations, 140 medical candidates were approved, and 13 rejected. Degrees were conferred as follows: Doctors in general medical practice, 137; of surgery, 33; of medicine (according to the old regulations), 20. Diplomas of Master were granted as follows: Pharmacy, 54; midwifery, 35; dentistry, 8; ophthalmic surgery, 2; 114 midwives also received diplomas. The records of the numbers attending the classes show that, in the Faculty of Medicine, Professor Brücke had a class of 885; Hyrtl (winter only), 680; Langer, 556; Bamberger, 540; Bilroth, 509; Dumreicher, 496; Duchek, 389; Rokitsansky, 354; Karl Braun, 225; Arit, 218; Vogel, 157; Späth, 126; Sigmund, 94; Meynert, 70.—*Brit. Med. Journ.*, Aug. 29, 1874.

University of Edinburgh.—Dr. WILLIAM RUTHERFORD, Professor of Physiology in King's College, London, has been elected to the chair of Physiology in the University of Edinburgh, recently vacated by Prof. Hughes Bennett. The appointment is regarded as an excellent one.

Poor-Law Guardians seem to possess a wonderful faculty for making themselves contemptible and ridiculous. Ophthalmia has for some time past prevailed at the Mitcham schools, and the attempts that have been made to eradicate the disease have been hitherto futile, notwithstanding some strict orders issued by the local government board to promote cleanliness among the children at the schools. Meanwhile Dr. Bridges, one of the inspectors of the department, has recommended to the guardians of the Holborn Union the adoption of certain measures to stamp out the disease. It was during a debate on these proposals that one of the guardians particularly distinguished himself by his contempt for medical doctrines and by the eccentricity of his desires. He did not care for the suggestions of any medical man; he had an opinion of his own. Much money had been expended in vain attempts to get rid of the disease. The precaution had been taken to supply each child with a clean towel whenever it washed; could any of his fellow-guardians boast of a similar luxury? Could he be born again he would be a pauper child, and enjoy the supreme luxuries in which pauper children now revelled.—*Lancet*, Sept. 26, 1874.

Disarticulation at the Hip-joint for Osteo-Sarcoma of the Femur.—M. MARTINET reported to the Anatomical Society of Paris (May 15, 1874), the case of a youth æt. 19, who was admitted into the Hôpital Neckar, under the care of M. Guyon. Wishing to avoid as far as possible the danger of a relapse, Mr. G. disarticulated the femur at the hip-joint on the 11th of May. The wound healed well, the patient made a good recovery, and was well six weeks after the operation. [There must be some error in the dates in the report of this case; at all events it would be premature to pronounce the patient secure from a recurrence of the disease.]

Immediate Occlusion of Gunshot Wounds.—Dr. CABASSE speaks (*La Tribune Médicale*, Oct. 4, 1874) very favourably of the plan adopted by American military sur-

geons of freshening the borders of gunshot wounds, and then closing them at once with a metallic suture. He reports three cases in which he resorted to it with favourable results, and in twelve others he also employed it, but they were transferred to other hospitals, and he does not know the result.

Resemblance of Twins.—Dr. BIRD declares that, according to his own experience during thirty years, twins which are contained in the same membranes, and have a single placenta, resemble each other; while those which are contained in separate membranes and have different placentæ, do not resemble each other more than other children of the same parents.—*La Tribune Médicale*, Oct. 4, 1874, from *Gazette Obstet.*

Beneficial Effects of Vaccination.—The Registrar-General for Scotland, in his last annual report, makes some observations on vaccination which are important. The beneficial efficacy of vaccination he attests by some striking statistics. He says:—

“Before the introduction of vaccination into Scotland, from 12 to 14 per cent. of the total deaths were annually caused by smallpox, while nearly 2 per cent. of those who survived its ravages lost their eyesight, and a very large proportion had their countenances disfigured for life. Since vaccination was introduced into Scotland in 1799, the average annual death-rate from smallpox up to the present day has been only $1\frac{1}{2}$ per cent. of the total deaths, and even that number has chiefly been caused by the deaths of persons who never had been vaccinated. This single fact proves of itself, more convincingly than any arguments, the saving of human life which the general adoption of vaccination has effected.”—*Med. Times and Gaz.*, June 6, 1874.

Ovariectomy in a Girl Eight Years Old.—A case of this is recorded (*Brit. Med. Journ.*, March 14, 1874) by T. SPENCER WELLS. The operation was successful. In the No. of the *Am. Journ. Med. Sci.* for Jan. 1872, will be found a notice of a

case of ovariectomy successfully performed in a child only six years and eight months old.

—**OBITUARY RECORD.**—Died in Dublin on the 21st of September last, at the mature age of eighty-four years, ARTHUR JACOB, M.D., one of the most illustrious representatives of the School of Medicine in Ireland. Dr. Jacob is well known, wherever medicine is cultivated, by the additions he made to the science, and the high positions he has ably filled. He first described the membrane of the eye named after him (*membrana Jacobi*), and a peculiar ulcer of the lid, also named after him. He was one of the originators and editor of the *Dublin Medical Press*, a spirited weekly journal of medical science; and contributed to it and various other publications many valuable papers. He successively filled the position of Demonstrator of Anatomy at Trinity College, Professor in the Park Street School of Medicine, Professor of Anatomy in the Royal College of Surgeons, etc. etc. In many ways his profession testified their esteem for him; he was thrice elected president of his college; a medal bearing his likeness was struck and presented to him, and his portrait and bust are placed in the Royal College of Surgeons of Ireland. At the age of seventy-nine, in a green old age, Dr. J. retired from the active pursuits of his profession.

—In London, on the 12th of September, in the forty-first year of his age, FRANCIS EDMUND ANSTIE, Physician to the Westminster Hospital, and Editor of the *Practitioner*. Dr. Anstie is well known to the profession through his valuable contributions to medical literature on Neuralgia, Stimulants and Narcotics, Notes on Epidemics, etc. His death was caused by a dissecting wound received September 6th, during the examination of the abdomen of a child dead from peritonitis.

—at Filey, Oct. 4, 1874, æt. 88, JOSEPH SWAN, F.R.S., the Senior Fellow of the Royal College of Surgeons. Mr. Swan devoted much attention to the anatomy, physiology, and surgery of the nervous system, and published many valuable memoirs on these subjects.

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FROM THE AUTHOR'S PREFACE.

For more than two years this work has been out of print, and the author regrets that circumstances beyond his control prevented the publication of a fourth edition of it at an earlier day. He trusts that the delay will have tended to render the present issue worthy of even greater favor than the previous ones enjoyed. It has given him time for a careful revision of the whole work, and the addition of about two hundred and fifty pages of new matter. Several new articles have been introduced, the chapter on Electricity has been almost entirely rewritten by Dr. Matthew J. Grier, and the nomenclature throughout been made to conform to the last edition of the Pharmacopœia.

PHILADELPHIA, Oct. 1874.

From Prof. E. V. STODDARD, *Univ. of Buffalo.*

I have carefully examined this work, and note with satisfaction the additions to the previous editions, making this last issue still more complete. I consider it the most perfect work on the subject in the English language. Aside from its very careful and conservative treatment of the

therapeutic properties and use of remedies, its character as a work of extensive research and scholarly attainments renders it peculiarly acceptable. I recommend it more heartily than ever, if possible, to our students, and note with pleasure its very favorable reception by the profession.

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